

New Jersey Public Employment Relations Commission
NON-POLICE AND FIRE
COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line #

SECTION I: Parties and Term of Contracts

1	Public Employer:	Belleville Board of Education	County:	Essex
2	Employee Organization:	Belleville Education Association	Number of Employees in Unit:	379
3	Base Year Contract Term:	2014-2015	New Contract Term:	2015-2018

SECTION II: Type of Contract Settlement (please check only one)

- 4 Contract settled without neutral assistance
 5 Contract settled with assistance of mediator
 6 Contract settled with assistance of fact-finder
 7 Contract settled with assistance of super-conciliator
 8 If contract was settled in fact-finding, did the fact-finder issue a report with recommendations?
 Yes No
-

SECTION III: Salary Base

The salary base is the cost of salaries in the final year of the expired or expiring agreement. This is the base cost from which the parties negotiate the salary increases.

9	Salary Costs in Base Year	\$ <input type="text"/>
10	Longevity Costs in Base Year	\$ <input type="text"/>
11	Total Salary Base	\$ <input type="text"/>

SECTION IV: Salary Increases for Each Year of New Agreement*

	Year 1	Year 2	Year 3	Year 4	Year 5
12 Effective Date (month/day/year)	<input type="text"/>				
13 Cost of Salary Increments (\$)	<input type="text"/>				
14 Salary Increase Above Increments (\$)	<input type="text"/>				
15 Longevity Increase (\$)	<input type="text"/>				
16 Total \$ Increase (sum of lines 13-15)	<input type="text"/>				
17 New Salary Base (\$)	<input type="text"/>				
18 Percentage increase over prior year	<input type="text"/> %				

*If contract duration is longer than five years, please add an additional page.

SECTION V: Increases in Other Contractual Economic Items or Newly Added Economic Items*

19	Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
20	Totals(\$):						

*If contract duration is longer than five years, please add an additional page.

SECTION VI: Medical Costs

		Base Year	Year 1
21	Health Plan Cost	\$ _____	\$ _____
22	Prescription Plan Cost	\$ _____	\$ _____
23	Dental Plan Cost	\$ _____	\$ _____
24	Vision Plan Cost	\$ _____	\$ _____
25	Total Cost of Insurance	\$ _____	\$ _____
26	Employee Insurance Contributions	\$ _____	\$ _____
27	Employee Contributions as % of Total Insurance Cost	% _____	% _____

Section VI: Medical Costs (continued)

- 28 Identify any insurance changes that were included in this CNA.

SECTION VII: Certification and Signature

- 29 The undersigned certifies that the foregoing figures are true:

Print Name: Wayne Demikoff

Position/Title: Board Secretary/Business Administrator

Signature: Wayne Demikoff

Date: 10/3/16

Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: contracts@perc.state.nj.us

NJ Public Employment Relations Commission

Conciliation and Arbitration

PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016